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PLANNING FOR SENIOR CENTERS

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PLANNING FOR SENIOR CENTERS

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SUMMARY

The purpose of this study is to determine the planner's role in planning senior centers. Information for this study was collected by an extensive survey of literature concerning problems of older citizens, by a study of current community facilities for the aged, and by interviews with selected planners, center directors, and officials active in the field.

The thesis considers elements of the senior center program, explains administration and financing of senior centers, and describes criteria for evaluating senior center location and building requirements. The study recognizes that the center director is primarily responsible for developing senior centers. Nevertheless, the study demonstrates how the center director's task can be facilitated by coordinating his work with that of the local planner.

The study concludes that the planner is qualified to assist in evaluating community needs for center services and in evaluating the center program. However, in order to provide effective assistance, the planner must become familiar with elements of the center program.

The study further concludes that the effectiveness of the center program is influenced by how well planners and other local public officials understand and support the center administration. Planners must understand legal provisions affecting centers, center policy formulation, and alternative methods of organizing senior centers.

Research indicates that in the past the rapid development of senior centers left little time for advance financial planning. However, in the future planners may offer technical assistance in short and long range financial planning for senior centers if they understand the fundamental sources of center revenues and expenses.

Finally, the study indicates that the location and design of the senior center building should be directed primarily by the objectives of the center program. Planners are well qualified to advise on what should be the criteria for evaluating alternative center locations and building plans.

CHAPTER I

INTRODUCTION

Senior centers provide a program of services and activities designed to meet the basic needs of an increasing number of senior citizens. The basic needs of older people are similar to the needs of younger people. However, the aging process intensifies the requirements of older people for social contact, meaningful activity, achievement, recognition, and physical well being. Center programs combat the aging process by offering significant opportunities for older individuals and groups to remain independent and productive citizens.

Senior centers are relatively new social institutions. The first senior center, the William Hodson Center, was constructed in 1943 at Bronx (New York). The merit of the senior center concept is evidenced by the fact that currently over 1200 senior center programs are operative throughout the nation (1). Most of these centers developed in the decade of the sixties during the period of the "Great Society."

Senior centers are only beginning to approach their potential for community service. Until recently most center programs emphasized recreation activities aimed at stimulating active participation and opportunities for social contact. However, many center programs have broadened their program orientation to include information and referral services, individual casework, education, health care, and community service. This increase in social concern is a response to the fact that

older people are living longer, retiring earlier, faced with more leisure time, and confronted with the natural problems inherent in the aging process. This service oriented approach is designed to serve specific problems of older individuals, to provide relevant learning experiences, to maintain physical health and mobility, and to offer opportunities for meaningful service.

City planners should be well informed concerning senior center plans since these plans must be integrated into plans for overall community development. In order to competently assist in planning senior centers, planners should understand problems and issues involved in providing center services. The planner must be familiar with the center program, administration, financing, and building requirements.

The objective of this study is to identify problems confronting older people, determine their needs in terms of community services and facilities, and recommend methods for planning senior center services and facilities. Information for this study was collected by an extensive survey of the literature concerning problems of older citizens, by a study of current community facilities for the aged, and by interviews with selected planners, center directors, and other officials active in the field. In addition, a written questionnaire was compiled and mailed to selected senior centers. This questionnaire is included as Appendix A.

This study defines a senior center as a program of services and activities designed for the use of older people. The program is located in a designated building and is supervised by trained personnel. Center programs may have a single or multi-service orientation. This study includes both public and private senior center organizations. Publicly

sponsored centers are administered by recreation agencies or other social service agencies and are controlled by local legislative bodies. Privately sponsored centers are administered and controlled by incorporated boards or by other non-profit organizations.

Chapter II describes senior center programs including program objectives, services provided, and plans for developing the center program. Chapter III explains the administration of senior centers including legal provisions affecting centers, policy formulation, and center organization for policy formulation and implementation. Chapter IV discusses aspects of financing senior centers such as required expenditures and sources of revenue for meeting these expenditures. Finally, Chapter V considers criteria for evaluating center locations and buildings.

CHAPTER II

SENIOR CENTER PROGRAM

Planning for senior centers begins with an analysis of the program of services. This program may be defined as the sum total of all the activities and experiences made available to an individual as a member of the center (2). This chapter describes the objectives of the center program, the services provided, and planning for the center program.

Objectives of Center Program

The objectives of a center program represent a concise statement of what the program seeks to accomplish. The National Council on Aging has suggested several objectives for center programs. The most important objectives are:

To provide meaningful services for older people and help them to live independently and productively within their community.

To coordinate community resources and effectively channel these resources to older people.

To encourage the community to understand and provide for the needs of its older citizens (3).

Senior centers should provide individual and group services which facilitate the adjustment of older people to independent living in their community. In carrying out this objective the center seeks, first, to identify the specific needs of individuals through consultative services and, second, to provide group services designed to aid older individuals in coping with their total life situation.

Another objective of the center is to serve as a focal point for

coordinating community resources for the aged. The center functions as a "host" agency by periodically extending necessary services of other social agencies to the members of the center (4). In cases where services of another agency cannot be brought to the center, the members are referred to the appropriate social agency.

Finally, the center functions as a catalyst in stimulating and educating citizens within the community to understand, support, and provide services for older people. The center demonstrates through community service that older people are willing and able to contribute to the community's improvement.

The objectives of the senior center serve as the basis for determining and evaluating a program of services. The objectives should be specific enough to provide a guide for action and realistic enough to demonstrate achievement.

Services Provided

The services provided by the senior center are the means by which program objectives are achieved. Before the decade of the sixties most center programs were focused on recreation and social activities. However, the current trend in programming has broadened considerably, to include a wide range of services in addition to recreation and social activities. These services are organized in numerous manners by different centers. However, for the purpose of this paper they are grouped in the following categories: individual services, group services and activities, and special services.

Individual Services

Individual services offered by the more highly developed senior centers consist primarily of consultative services, information and referral services, and health services. The extent to which these services are offered varies considerably among different centers.

An efficient program of consultative services begins with the intake interview conducted by a professional social caseworker. Through a series of interviews the caseworker determines the new member's reason for coming to the center and his current life situation regarding such aspects as health care, housing arrangements, income maintenance, employment status, family relationships, and special interests. The caseworker suggests a program of activity based on an analysis of the new member's interests and capabilities. Periodically the center staff assesses whether each member's involvement in center and community affairs is at the optimum level. This evaluative process reveals members who require further consultative service, either because they are not properly benefiting from the program or because they are ready to assume broader responsibility. Centers with especially effective individualized services include the San Francisco Senior Center, the Council Center for Senior Citizens in Brooklyn, and the Knowles Center for Senior Citizens in Nashville (5,6).

Information and referral service provides pertinent knowledge, advice, and guidance to interested individuals within the community. Through this service the center matches individual needs with appropriate community services. However, this service can also be the motivating force for cooperation and coordination among the health, social, welfare, and educational resources within the community. Records of the senior

center's experiences with other related community service agencies must be maintained in order to be effective. These records enable the community to identify gaps and limitations in existing programs and provide a factual basis for planning improved services. The Age Center of Worcester (Massachusetts) offers outstanding information and referral service (7).

Few centers offer comprehensive health service to their members. However, many of the more highly developed center programs do include periodic health examinations and screening programs for early detection of illnesses. For instance, the Knowles Center for Senior Citizens in Nashville conducts periodic clinics for detecting glaucoma, diabetes, tuberculosis, and cancer (8). The Adult Health Center in Philadelphia maintains a fully equipped examination room. This service involves physicians, nurses, and laboratory services to evaluate the results of the examinations. In addition, the Center provides health education programs, mental health counseling, self-help programs, and referral services (9).

Group Services and Activities

Group services and activities develop as a response to the needs and expressed interests of participating members. The purpose of group services and activities is to provide opportunities for members to maintain interpersonal relationships, to achieve recognition for services rendered, and to improve their image within the community. Group services and activities have been classified into four categories: recreation and social activities, educational activities, administrative activities, and community and volunteer services.

Recreation and social activities include any wholesome free-time activity chosen voluntarily for the satisfaction inherent in the activity.

The following types of activities, among others, are included: social clubs, arts and crafts, sports, physical fitness, hobbies, drama, informed discussion, choral groups, dancing, parties, excursions, camping, group sightseeing, individual and group games, and conversation with one or more persons (10). These activities contribute to older persons' emotional stability and personality growth and provide positive outlets for their strengths and interests. Recreation and social activities are usually included in any senior center program.

Educational activities include those activities in which learning a new skill or extending the range of one's knowledge is the significant motivation. While many of the activities in adult education and recreation are similar, the emphasis in adult education is on systematic and organized learning; in recreation on enjoyment and learning in a more informal sense. Adult education covers a range of learning experiences. An especially popular type of adult education program is carried out by the Baltimore Metropolitan Senior Citizen's Center (11). This education program includes such topics as banking, insurance, legal matters, investment, housing, budgeting, employment, and food purchasing.

Administrative activities include those activities which involve members in the management of the center. These activities are a means of structuring various kinds of responsibilities as opposed to structuring authority. Administrative activities involve members in planning and implementing plans, assuming some center management responsibilities, using the democratic process, developing indigenous leaders, and other related activities. These activities serve as effective devices through which members can be stimulated to use their capacities for leadership, initia-

tive, and responsibility. Participation in center management also helps to increase the identification of members with their center and gives some members status in both the center and in the community. Outstanding examples of effective implementation of administrative activities are found in the program at the William Hodson Community Center in Bronx (New York) and at the Knowles Center for Senior Citizens in Nashville (12,13).

Finally, the senior center has a responsibility to develop community and volunteer services. The center must assure that their members are provided with paying or non-paying job opportunities which channel their skills and specialties back into the mainstream of the community. Examples of community and volunteer services include projects concerned with reducing public transportation costs; housing surveys; home visitation; fund raising for civic drives; repairing toys for charitable causes; supervising children's activities; and other similar activities. Participation in community service projects, whether in a paying or a non-paying capacity, increases the self esteem of older people and allows them to remain productive members of the community. Social action programs, in particular, have added a new dimension of constructive activity to center programs. For example, union sponsored centers in New York and in several other cities successfully undertook a project to reduce public transportation costs for their retired workers during non-rush hours (14).

Special Services

Many of the more highly developed senior citizen centers administer special services over and above regularly scheduled programs. These special services are carried out as demonstration projects or research studies for the purpose of determining the feasibility of implementing them on a larger

scale. Special projects have emphasized nutrition planning, coordination of comprehensive services, community service, and leadership training.

The 29 new and continuing nutrition projects funded through Title IV of the Older Americans Act during 1968 reflect a current priority for combating malnutrition (15). In addition to providing meal services, nutrition planning projects are testing various other approaches, including consumer and nutrition education, nutrition counseling, cooperative purchasing, commercial mobile marketing service, group eating opportunities, health services, transportation services, and social and referral services. The Neighborly Center, Inc. in St. Petersburg (Florida) and the Senior Centers of Berkeley are actively involved in nutrition projects (16, 17).

A second priority is focused on the problems of coordinating comprehensive community services for older people. The ultimate objectives of these projects are to assist communities in developing efficient organizational frameworks with which to recognize, seek out and serve elderly residents according to their needs. For instance, in Nassau County (New York) a large (16,000 square foot) senior center resulted from a demonstration project aimed at establishing a central agency to serve the aging through a grant from the federal Public Health Service (18). The Center is the medium through which needs can be identified, resources assessed, and programs coordinated to establish a comprehensive and integrated approach to providing services for the aged.

Several special services have been undertaken by senior centers for the purpose of implementing new concepts of community services for older people. Specific projects include retirement planning and counsel-

ing, home-help programs to assist those threatened with institutionalization or dependency, and implementation of new forms of paid and voluntary community service. Several projects have demonstrated that senior citizens, working as teacher-aides, interviewers, food service assistants, library assistants, and nurse-aides, can vitalize community service programs and also increase their own sense of worth and well-being (19).

Finally, a number of senior centers have begun to offer courses in leadership training to their members. Leadership training provides an opportunity for participants to develop a greater mutual tolerance and to learn how they can contribute to the management of center affairs. Senior Citizens, Inc. of Nashville operates a training institute which combines leadership training with field work in community service (20).

Planning for Center Program

The senior center director is primarily responsible for planning the senior center program. However, the city planner can assist by developing public service programs. In planning senior center programs the planning agency is appropriately qualified to assist in the evaluation of the community's need for senior centers and in the overall evaluation of the senior center program.

Evaluating Community Program Needs

An evaluation of the community's program needs is the initial procedure in planning for senior center services. This evaluation includes: a study of the characteristics and needs of the older citizens living within the community, an inventory of existing community facilities and services for the aged, an identification of needed services which are not

being provided, and a determination of what agencies can most effectively fulfill newly defined service voids. The local planning agency can assist in carrying out this evaluation by providing background information and by undertaking special studies which are beyond the staff capabilities of the center.

Background Information. The planning agency has a reservoir of data that is important to the senior center director. The planning agency can provide relevant information on population growth, characteristics, and movements; economic projections; land use; transportation and capital improvements plans. In addition, other information that may affect the general planning of senior center programs and the development of particular sites can be provided. For example, the informational requirements of senior centers may be satisfied adequately if the planning agency operates or assists in maintaining a "data bank" (21). When information is gathered for a data bank the senior center director may request that specific types of information, such as the income or educational status of certain groups of older people, be collected and correlated with other data.

Special Studies. The planning agency can also be called upon to undertake special studies related to the development of senior centers. The planning agency can include in the community facilities plan an inventory of local recreation, health, and educational facilities designed to meet the needs of the aging and advise whether or not these facilities are adequate and accessible (22). In addition, the planning agency can help the senior center director draft locational and site development standards. The planning agency can review proposed sites and make comments

on their suitability relative to soil characteristics, availability of utilities, adjacent land uses, transportation and transit, and any urban renewal or development projects planned for the area.

A citizens' planning council in Ohio undertook a comprehensive senior center study. In this case the Citizens' Council for Health and Welfare evaluated the community need for senior center programs through a comprehensive study of the aging in the community. The following questionnaire is representative of their study approach:

1. How many persons over 65 are living in the community?
2. Where do these persons reside?
3. What is their employment status?
4. How much free time do they have?
5. What do they do with their free time?
6. What services for the aging now exist in the community?
7. Are these adequately taking care of the free-time needs of the aging?
8. What is the experience of other centers in similar size cities or communities?
9. Who should take the initiative in starting a senior center if one is needed? (23)

Evaluating Center Program

An evaluation of the center program is necessary to assure that the center program remains responsive to community needs. A program evaluation may be performed by a consultant, by local personnel, or jointly by a consultant and local personnel. The degree of objectivity may be enhanced if a private consultant is hired to carry out the evaluation (24). However, evaluation by an outside individual or firm may be impractical

from a budgetary point of view. The evaluation can usually be performed more frequently and at less cost by the local center staff with the assistance of local personnel from other government departments, such as the finance, personnel, and city planning departments. Finally, the evaluation may be accomplished through a joint effort on the part of private consultants and local personnel. In this case the consultant usually is contracted to perform special related studies and to offer professional advice concerning the evaluation.

The evaluation of the senior center program involves a study of existing senior center services and the extent of their use.

Study of Existing Services. A study of existing facilities begins with a review of program objectives. Program objectives must be reviewed periodically to determine if they are pertinent to current local conditions. Often the objectives of center programs must be expanded or curtailed to remain consistent with changing policies for administering public services within the community.

Having reviewed program objectives, the next step is to evaluate the quality of existing services. A practical method for assessing existing services is by comparing the services offered by one center with those services offered by other similar senior centers. The centers selected for comparison should be located in communities of similar size and socioeconomic characteristics. They should include several centers from within the local region as well as other centers known to have outstanding services located outside the region.

Data concerning center staff, services offered, and coordination with other public service agencies yield meaningful comparisons. The

National Council on Aging, regional offices of the Administration on Aging, together with state councils on aging are primary sources for this information.

Information concerning the number, types, and balance of professional disciplines represented on the center staff indicates the competence and versatility of the center staff. In addition, staff salaries indicate the ability of the center to attract capable personnel. Desirable staff arrangements are discussed in Chapter III.

The balance and variety in types of services offered are especially important in evaluating the total program. The program should be analyzed in terms of the opportunity individual participants have for progressively wider and more complex experiences within the center and the community. The number and magnitude of community service projects undertaken by senior centers indicate whether the skills of center members have successfully been channeled back into the community.

Finally, the coordination exhibited by senior centers in their relationship with other public service agencies is a good means for evaluating the efficiency of the community's system for administering public services to the aging. The number of referrals between the center and other public service agencies is an especially effective measure of this administrative efficiency.

Study of Use of Services. A study of the use of center services is facilitated by the use of a questionnaire distributed among senior centers. The questionnaire can be designed to survey factors such as total center membership, regularity of attendance, rate of decline or increase in total membership during a given period, intensity and extent of membership par-

ticipation in particular services, and the extent of interaction among members. Analysis of membership participation in various aspects of the center program aids program planning and evaluation.

The Michigan Commission on Aging prepared the following questionnaire for evaluating senior center programs and their use. Similar questionnaires could be adopted by other agencies for the same purposes (25):

1. What programs conducted by your agency are directly related to serving senior citizens?
2. What programs serving the general population also serve senior citizens?
3. What programs or services conducted by your agency are particularly sought out by senior citizens?
4. What types of problems were expressed by senior citizens to your agency? What needs do these problems imply?
5. What are the unanswered needs of senior citizens from your agency viewpoint?
6. What order of priority do you assign to these needs?
7. What are your agency's plans for developing programs to meet these unanswered needs in the next three years?

In order to mobilize senior center resources effectively, planners must understand program characteristics and be adept in evaluating program alternatives. However, once program needs are assessed, an efficient administrative organization must be determined for implementing the program objectives.

CHAPTER III

ADMINISTRATION OF SENIOR CENTERS

The senior center director is the chief administrator of the senior center program. He is responsible for executing policies adopted by the policy making body and the planning of a program of activities and services. In implementing his program the director is assisted by other public officials including social workers, personnel specialists, planners, and financial analysts. The effectiveness of the senior center program is influenced by how well local public officials understand and support the senior center program.

This chapter describes elements of senior center administration which planners and other local public officials should understand. The chapter concerns legal provisions affecting centers, center policy formulation, and alternative methods of organizing senior centers.

Legal Provisions Affecting Centers

The legal basis for most public senior centers is implied in various state recreation enabling acts which specify requirements for organizing, administering, and financing a system of public recreational facilities. These general laws account for the fact that in most states public senior centers are operated and financed by the local governing unit responsible for recreation.

Generally, recreation enabling acts allow specified local governing units to operate a program of activities; acquire equipment, and maintain

land, buildings of other facilities; employ a staff; and expend funds for the operation of the system. Furthermore, most state recreation acts permit the creation of an administrative commission to determine policy and administer the affairs of the entire system including senior centers. Finally, state recreation laws often establish a maximum tax rate which local governing authorities may levy to finance the recreation system. As a supplement to this special revenue, most enabling acts permit the local governing body to appropriate general funds for the system.

A few states (notably New York, New Jersey, and Massachusetts) have passed general laws which specifically authorize and encourage local governing units to establish, operate, and finance programs for the aging, including multi-service centers. These general laws usually do not contain specific procedures regarding the organization, administration, and financing of the centers. Instead, these procedures are established by local legislation.

In some states municipalities are empowered to operate public senior centers by their charters. Municipal charters are the legal basis for senior centers in many cities including Los Angeles (California), Phoenix (Arizona), and Detroit (Michigan). The provisions of most charters are similar to the provisions of the state's general laws relating to senior centers. However, in some cases charters do not include specific provisions but provide that public recreation centers are subject to the provisions of general enabling legislation (26).

Charters or certificates of incorporation are usually the legal basis for private non-profit senior centers. Corporation charters generally specify by name the members of the governing board of the corporation.

The purpose of the organization is also specified and the general powers are defined. These general powers typically include the powers to sue and be sued; to receive property by purchase, gift, or device; to borrow money for specified purposes; to sell property; to invest funds; to establish branches; to amend charters; to establish by-laws; to expand the board of directors; and to dissolve the corporation. Examples of cities with incorporated senior centers are Nashville (Tennessee), Wilmington (Delaware), Minneapolis (Minnesota), and Miami (Florida).

Policy Formulation

The character of a center is determined by the policy decisions of interested citizens within the community. Policy must be formulated concerning center program objectives, membership, staffing, delivery of services, center financing, and center location. Planners should understand the implications of alternative center policies.

This section discusses center policy. However, discussions of center program objectives, center financing, and location are deleted. Program objectives are described in Chapter II. Center financing is explained in Chapter IV and location of centers is discussed in Chapter V.

Membership

A nationwide survey of over 1,200 senior centers reveals an overall membership of approximately 586,400 senior citizens (27). Center memberships vary considerably in terms of size, age distribution, sex ratio, income distribution, physical condition, and cultural factors. Center membership policies significantly influence the character of the membership.

Center membership policies generally concern age and residence re-

quirements. Most centers have established minimum age requirements ranging from 50 to 65 years of age (28). However, the characteristics of the community's aging population should be analyzed prior to adopting arbitrary age requirements. Often age requirements must be adjusted in order to maintain a balanced sex ratio. Similarly, age requirements often are relaxed in cases where the spouse of an eligible member does not satisfy minimum age requirements. Many centers impose residence requirements in order to restrict non-taxpaying persons from acquiring membership. For instance, Senior Centers of Dade County (Florida), Inc. requires members to reside in Dade County for six months and in Florida for one year (29).

Membership characteristics other than age and residence are indirectly influenced by program objectives, center location, and available resources. Overall program objectives are sometimes directed toward a specific clientele, such as a specific religious group, retired union workers, low income residents of an impacted area, or residents of a housing complex for elderly people. Likewise, the location of the center largely determines to whom the program is accessible. Finally, the size of the center membership is greatly affected by available center resources including staff, floor area, and finances.

Analysis and evaluation of local population characteristics and social needs is necessary in order to determine the implications of alternative policies on the potential center membership. Planners are especially qualified to aid center management in this analysis.

Staffing

Literature in the field suggests that a minimum of one full-time professional worker is required to direct the functions of the center (30).

However, staffing procedures vary considerably among centers. For instance, in Ohio ten of twenty-three centers surveyed were operated by a single staff director (31). On the other hand, more highly developed centers in metropolitan areas such as Nashville (Tennessee) used additional staff members, including a program director, social group workers, caseworkers, community organizers, part-time teachers, dietitians, health specialists, and part-time physicians. Factors affecting the composition of the center staff are membership size, services offered, financial resources, and arrangements for using the staff of related community service agencies.

Senior centers generally seek professional directors with a master's degree in social work or in related disciplines, plus varying amounts of experience. In spite of this objective, approximately 40 percent of all senior center directors have less than a college undergraduate education (32). A severe manpower shortage together with non-competitive salaries are major deterrents in attracting a competent staff. For example, according to a recent nationwide survey the average full-time senior center director is paid a salary of \$5,000 to \$8,000 (33).

Delivery of Services

Selecting appropriate methods for delivering services is an important element of center policy formulation. In the past many centers have centralized their delivery of services in downtown locations. However, an increasing number of senior centers are decentralizing their operations. Decentralized center programs are primarily offered in satellite centers and neighborhood centers. Certain characteristics of downtown centers, satellite centers, and neighborhood centers are related below.

Downtown Centers. Many senior centers are located in the central

business district in order to attain accessibility and economy of scale. Downtown centers generally have good accessibility to public transit, shopping facilities, and public services. In addition, a concentration of older citizens often reside in long standing residential districts contiguous to the central core.

Downtown centers usually function as a central administrative office as well as a service center for the elderly. The specific character of the downtown center depends largely on available community resources, floor space, and program objectives. For instance, downtown centers in a number of smaller communities such as Salem (Arkansas), Frankfort (Kentucky), and Washington (Iowa) have no more than one full-time staff member to administer the center program. These programs generally are restricted to recreation activities and information and referral services. However, downtown centers in many larger metropolitan areas have developed more comprehensive programs of services for the elderly. These centers have also centralized their administrative offices along with their services. The Knowles Center in Nashville (Tennessee) exemplifies the centralized comprehensive programs approach of the more highly developed downtown center (34).

A major problem of downtown centers is inadequate transportation. This problem is especially apparent in downtown centers located in rural areas or in sparsely populated cities where public transit service is poor. For instance, downtown centers in such sparsely populated areas as Albuquerque (New Mexico), Wayne County (Pennsylvania), Bemidji (Minnesota), and Laurium (Michigan) report that travel distance is a significant barrier to senior citizen program participation (35). In efforts to combat

the transportation problem many downtown centers mobilize selected services such as home delivery of meals and visiting nurses services.

Recent literature suggests that decentralization of many services is increasing in downtown centers located in metropolitan areas as well as in those centers located in sparsely populated areas. Decentralized services are needed by many elderly persons who are immobilized because of isolation, mental depression, and illness. Neighborhood centers and satellite centers are relatively new concepts in decentralizing an entire program of senior citizen services.

Satellite Centers and Mobile Programs. Satellite centers and mobile programs are novel methods of delivering services to older persons who are reluctant to participate in downtown center programs because of transportation costs or because of their own insecurity or poor health.

Satellite centers are branches of a centralized downtown center. These branches are dispersed in areas of the city containing large concentrations of senior citizens. Floor space and staff limitations restrict the scope of satellite programs to recreation activities, community service projects, referral services, and other activities requiring minimal amounts of floor space and specialized staffing (36).

Satellite centers have been successfully employed in both metropolitan and rural areas. For example, Senior Citizens, Inc. of Nashville (Tennessee) operates twelve satellite programs located in community recreation centers, housing complexes, and churches. The staff of the satellite center is composed of senior citizens who have been trained at the downtown Knowles Center Training Institute for Community Services. Satellite center programs in Nashville are offered one day a week.

During the rest of the week members are encouraged to participate in the more comprehensive program of the downtown Knowles Center (36).

Satellite centers also exist in rural areas containing scattered concentrations of senior citizens. These sparsely populated communities often lack efficient systems of public transportation. Where rural transit service exists, fares are often prohibitive. Satellite centers in Caldwell County (Kentucky) and Wayne County (Pennsylvania) have alleviated transportation problems by providing accessible programs to older persons in dispersed locations.

In addition to satellite centers, some senior centers have initiated mobile programs which deliver limited services by bus to senior citizens who cannot participate in centralized programs. Mobile programs include such activities as home delivery of meals, arts and crafts, information services, and library services. These programs are used effectively as tools of publicity to recruit new members and engender community support. Successful mobile programs require deliberate selection of stopping points and aggressive publicizing of the scheduled route. Ideal stopping points include housing complexes for the elderly as well as shopping centers.

The major disadvantages of satellite centers and mobile programs are the costs of facilities and equipment, together with the program constraints imposed by space limitations. However, an increasing number of satellite centers are acquiring rent free facilities in public housing units for the elderly. In addition, under provisions of the Older Americans Act of 1965 many centers have received funds for mobile programs (37).

Neighborhood Centers. A neighborhood center is a multigenerational

facility which decentralizes social services, including senior citizens services, to the neighborhood level. The neighborhood center provides direct accessibility to a continuum of social services by co-locating many services for all age groups in one facility. However, some referrals to outside institutions are necessary because economies of scale do not permit complete decentralization of all social service components (38). Specialized services with especially high operating costs generally remain centralized outside the neighborhood center (39).

Implementation of the neighborhood center concept requires a high degree of commitment among participating service components. Service components must be integrated through a central administration. The central administration generally includes such core services as central intake, consultative services, referral services, and a central records system (40). By centralizing these core services, the service components are systematized into an operating entity rather than an agglomeration of autonomous agencies.

Locating senior center programs within neighborhood centers is particularly feasible in densely populated poverty areas within the central city. Researchers in Seattle (Washington), Atlanta (Georgia), and Huntsville (Alabama) have found that inner city poverty areas often contain a heavy concentration of elderly residents (41). For instance, 16 percent of the 58,000 residents living within a 2.25 square mile central city redevelopment area in Seattle are 65 or older. Since 1964 the Office of Economic Opportunity has assisted in financing over 700 neighborhood centers in inner city poverty areas (42).

The major problem of locating senior center programs within neigh-

neighborhood centers is modifying the program to fit into a broader framework of services. However, the advantages of accessibility, co-location with other community services, and joint use of community staff resources, make senior center program modifications most practical in inner city poverty areas. Senior citizen services in Atlantic City (New Jersey) and Hackensack (New Jersey) are effectively integrated into a broad framework of multigenerational neighborhood center services.

In addition to understanding major center policy decisions, planners should be familiar with alternative methods of organizing community resources in order to effectuate center policy.

Organization for Policy Formulation

Various types of senior center organizations have advantages in particular communities and no single form is appropriate in all areas. A significant factor in accomplishing the administrative and policy-making functions of the senior center is the administrative ability of the senior center director. Knowledgeable direction by a competent center director is essential to the development of progressive programs. This section explains the various types of governmental and private organizations for center policy formulation.

Governmental Organization

Forty-five percent of all senior centers are established and maintained by local governments (43). Of these public centers, 50 percent are administered by recreation departments (44). Most of the remaining are administered by various types of social service agencies.

Administration by Recreation Agency. When senior centers operate

as a sub-unit of a public recreation agency, policy making responsibilities are usually delegated to a board of recreation commissioners appointed by the mayor and approved by the local legislative body. Where no board of commissioners is established, the local legislative body retains the right to confirm all policy making decisions.

In cases where senior centers are administered by a recreation agency, the entire center operation is influenced by the policy proposals of specialists in the field of recreation. Center program orientation, staff selection, and site location are especially affected (45). For example, the programs of centers sponsored by recreation departments tend to include recreation activities exclusively. These programs are generally staffed by persons trained in recreational skills and are often housed in a community recreation center shared by all age groups.

On the other hand, a few recreation departments are particularly sensitive to the need of older people for center facilities of their own. For instance, the Park Commission of Milwaukee (Wisconsin) located, built, and financed a new center building especially designed for the use of elderly persons. In other cities recreation departments have entered into cooperative agreements with local housing authorities to operate center programs within housing projects designed for the aging. For example, the Evansville (Indiana) Public Recreation Commission operated three senior centers located in Public Housing Authority buildings.

Where senior centers are affiliated with a recreation agency, their budget requests are combined with those of the recreation department. Financial support of these centers is largely dependent on local tax policies, community support of recreation as a public service, and on

the priority assigned to the senior center program by the recreation department in the preparation of the departmental budget. Consequently, the budget allocations made by recreation departments to senior centers vary considerably.

Administration by Social Service Agency. Senior centers are often created as sub-units of public social service agencies. Principal parent organizations include local councils on aging, welfare councils, action agencies, and health departments. Within these agencies, organization for center policy formulation varies considerably.

In many public social service oriented center programs authority for determining center policy rests at least partially with a self-governing council of center members. For example, in Bemidji (Minnesota), Pueblo (Colorado), and Cambridge (Massachusetts) a body of senior citizens is elected by center members to formulate center policy. The aptitude of center members for governing their own affairs influences significantly how much authority may be vested in self-governing councils (46).

Even in cases where policy decisions are made by elected representatives of the center membership, these decisions are often subject to the approval of the funding agency. For instance, in Cambridge (Massachusetts) the senior center is funded through the Department of Health, Hospitals, and Welfare. The commission of this Department is ultimately responsible for approving policies recommended by the membership board.

Advisory boards composed of professionals, civic leaders, senior citizens and other interested citizens are frequently established to recommend center policy. Advisory boards act as a buffer between the center director and the funding agency. The influence of well qualified

and interested board members sometimes adds validity to center policy proposals which require public appropriations.

Administration of senior centers by public social service agencies is generally characterized by increased use of the staff and facilities of other governmental agencies. For instance, centers in numerous cities, including Alma (Georgia), Rochester (Pennsylvania), Pueblo (Colorado), Inkster (Michigan), Bemidji (Minnesota), and Quincy (Illinois), utilize space provided within housing complexes administered by the local housing agency. One center administered by the Needham (Massachusetts) Council on Aging receives staff assistance from the local library, nursing home, and hospital. Similarly, centers in Philadelphia (Pennsylvania), Inkster (Michigan), and Lima (Ohio) are assisted by the staff of the local department of recreation. Increased use of the staff and facilities of a variety of public agencies enables senior centers to offer a broad program of social services.

Private Organization

Over 50 percent of all senior centers are established and managed by private non-profit organizations (47). Most of these centers are administered by incorporated center boards. The remaining are organized as a sub-unit of private non-profit organizations.

Administration by Incorporated Senior Center Board. Many senior centers are chartered as private non-profit corporations. Under corporate organization administrative functions are vested collectively in a board of directors. Consequently, individual board members are relieved of accountability for the center's operation and the board becomes the responsible legal entity.

Boards of incorporated centers are autonomous and may assume all the powers granted by the state in their charter or certificate of incorporation. These boards generally are able to formulate policy free from many of the constraints which hamper alternative administrative organizations. For instance, incorporated centers, as opposed to publicly administered centers, do not compete directly with other public agencies for tax dollars. In addition, the policy decisions of incorporated centers generally are effectuated more expeditiously since political and bureaucratic lines of authority are minimal.

Incorporated centers often begin as sub-units of larger private social service agencies. For instance, Senior Center, Incorporated, of Detroit (Michigan) began in 1954, as a demonstration project sponsored by the Junior League of Detroit. Within one year the center was moved from its original quarters, a refurbished store, into a more spacious center building. The League remained the primary sponsor of the center until the center incorporated in 1963 (48).

The overall efficiency of the incorporated center depends largely on the ability of the board to secure adequate financing of the center program. A significant responsibility is imposed on boards of incorporated centers, since these centers are independent and have no parent agency to supplement income earned from center program operations. Therefore, board members must aggressively seek financial assistance from all available sources. The United Fund is a primary provider of funds for incorporated centers. Also, many incorporated centers coordinate their programs with other community service agencies in order to obtain in-kind support for broadening center services. Incorporated center programs in Albuquerque

(New Mexico) and San Antonio (Texas) have been especially successful in utilizing the latter method of expanding the scope of their programs of services (49,50).

Administration by Other Non-profit Organization. Most incorporated private senior centers are administered as a sub-unit of a private non-profit organization. These latter agencies include independent councils on aging, private community action agencies, labor unions, organizations endowed by religious institutions, and other similar organizations. Policy decisions affecting senior centers administered by independent organizations generally must be approved by the board of directors of the parent organization. However, often the centers have a membership council or board of directors which serve in an advisory capacity for the board of the parent organization.

Many public as well as private incorporated senior centers are originally organized as sub-units of a private non-profit organization. Often private non-profit organizations are able to ally community resources in support of new senior centers. However, as these center programs expand, demands increase for larger budgets, additional staff, and more floor space. Therefore, many senior centers reorganize in order to achieve more efficient program direction and financing (51).

The overall efficiency of private unincorporated senior centers depends primarily on the responsiveness of the board of directors to the needs of senior citizens of the community. Public officials must recognize that some parent organizations are responsive to special interests and do not direct their program toward satisfying the needs of the total community. For instance, many labor unions sponsor senior center programs

which serve predominantly retired union members. Likewise, other senior center programs sponsored by religious institutions orient their center program to particular religious congregations. Alternative senior center organizations representative of the broader interests of the community should be initiated in communities where special interest groups are found to dominate senior center programming.

CHAPTER IV

FINANCING SENIOR CENTERS

An efficient method for financing senior centers must be determined in order to achieve program objectives. In the past the rapid development of senior centers left little time for advance financial planning. However, the continued expansion of the center movement has generated continuing demands on all available sources of revenue. Since senior center programs are still a relatively new public service, these programs are often short changed in fierce competition with other public services for tax dollars.

Planners should have an understanding of the purposes for which senior center funds are expended together with a knowledge of the various sources of center income. They should be able to provide technical assistance in the short and long range financial planning efforts. In addition, planners can assist in liaison activities between senior centers and appropriate public officials.

Center Expenditures

Expenditures for senior centers are a relatively insignificant portion of general expenditures by local governments. For instance, general expenditures of city governments totaled \$19.2 billion in fiscal 1966-67 (52). During the same period total expenditures for public and private senior centers only amounted to approximately \$30 million (53). In comparison, municipal governments alone expended \$861 million for housing

and urban renewal, \$1,306 million for health and hospitals, and \$3,120 million for education (54).

Most center expenditures are for operating costs. However, a limited amount of capital outlays are sometimes required to accomplish necessary improvements or expansion plans.

Operating Costs

Operating costs are recurring expenses which senior centers meet while implementing a program of continuing services. The average operating budget of senior centers in 1967 was \$27,000 (55). However, operating costs vary significantly among centers.

The principal variables affecting the magnitude of operating costs are the scale of center programs and staff arrangements. The more highly developed center programs generally offer expensive individual consultative and health services that require the services of a professional staff. These centers are usually characterized by higher operating costs as well as higher costs per participating unit. For example, highly developed center programs in Cambridge (Massachusetts), Nashville (Tennessee), Indianapolis (Indiana), and Bronx (New York) have budgets over \$60,000 and average expenditures of \$71.65 per participating unit. On the other hand, less highly developed centers in Salem (Arkansas), Quincy (Illinois), Laurium (Michigan), and Needham (Massachusetts) have operating budgets of less than \$8,000 and average expenditures of \$29.95 per participating unit.

Major budget items include expenditures for personnel, program activities, administration, and for building, equipment, and maintenance. The largest operating expense is for personnel. Personnel expense includes salaries, wages, and fringe benefits paid to center personnel. These

expenditures account for approximately 75 percent of the operating expenses of centers. This cost is not uncommon since a senior center is basically a service organization that requires the staff time of professionally qualified personnel and other specially trained personnel to administer individual and group services.

Generally less than 10 percent of senior center operating costs are spent on program activities, including arts and craft supplies, special events, transportation of members, and other services and activities. These program components do not require large expenditures for equipment or supplies. However, some center programs do include certain high cost activities that generally are excluded from other center programs. Group meals, home delivered meals, and special bus services are examples of high cost programs that affect many center budgets.

Administrative costs account for approximately seven percent of total center operating costs. Principal administrative costs are expenses for office supplies, publicity, and communication. In addition, administrative costs include staff travel allowance, dues and conference expenses, costs of staff training, and audits.

Expenditures for building, equipment, and maintenance generally represent nine percent of the total operating budget. The major expense item in this category is rent of building space. This expense is discussed in Chapter V. Fixed costs for such items as utilities and insurance are other significant building and maintenance costs.

Rising costs of personnel and continuing competition for staff resources should generate increased operating expenses in the future.

Capital Expenditures

Capital expenditures are non-recurring expenditures for properties with long term use and value. They generally include land, buildings, building additions, and furniture. Very few senior centers incur significant capital expenditures. Instead, most centers rent their building space and obtain much of their furniture through in-kind contributions.

A few centers have accounted for significant capital expenditures. For example, centers in Nashville (Tennessee), Columbus (Ohio), Milwaukee (Wisconsin), and St. Petersburg (Florida) have been constructed and designed to meet the expressed needs of programs for senior citizens. The cost of these facilities has run as high as \$1,000,000.

No trend toward increased capital expenditures by senior centers appears to be forthcoming. Presently no financial assistance programs are available to encourage the construction of new center buildings. However, the present level of capital expenditures together with the significant trend toward increased operating costs necessitates that all sources of future revenue be fully explored.

Sources of Revenue

The principal sources of revenue for senior centers are local governmental appropriations, state and federal assistance, and other sources such as community or united funds.

Local Governmental Appropriations

Local governmental appropriations are a substantial source of revenue for public senior centers. These appropriations generally account for at least 50 percent of the total revenue obtained by public centers.

Public centers usually receive their allocation from the general fund. The allocation must be approved by the mayor and council or equivalent authorities. However, some centers also receive appropriations from special recreation funds. For instance, the Los Angeles (California) Charter provides the Recreation and Parks Department an annual allocation of 13 cents per one hundred dollars of assessed valuation (57). The city of New York (New York) carries out a highly successful assistance program for local senior centers. In 1969 the city appropriated more than \$2 million to assist 55 center programs (58).

Many private non-profit centers are also financially assisted by local governments. For instance, Schuylkill County (Pennsylvania) senior centers receive local financial assistance in accord with a purchase of service agreement issued by the County Commissioners (59). Under the purchase of service agreement the center administration agrees to operate a program of services for the local community. The center receives financial assistance in consideration of services rendered.

Despite the significance of local appropriations, senior centers generally receive less than .1 percent of the total revenue of municipal governments. Senior centers are a relatively new public service. This fact partially accounts for the rather modest success of senior centers in competitive bidding for local tax dollars. Fierce local competition necessitates that center directors, board members, and other local public officials become fully acquainted with other sources of revenue.

State and Federal Assistance

The federal government and many states offer financial assistance to encourage improved and expanded senior center services.

State Assistance. A few states, notably New York, New Jersey, and Pennsylvania provide financial assistance to senior centers in order to encourage program development at the local level. New York's modern legislation authorizes the State Office on Aging to contract with appropriate public or private non-profit organizations for operation and maintenance of programs for the aging. Such programs may include operation of multi-service centers. State appropriations are limited to 50 percent of project costs excluding federal appropriations. The State funds may be used to pay for rental of building space, purchase of equipment, administrative expenses, and minor alterations or repairs (60).

Few states provide any financial assistance for construction of senior center buildings. However, at least one state, Michigan, is drawing up enabling legislation to encourage development of recreation facilities, including the construction of senior centers. A \$100 million statewide bond issue to finance the provisions of the Act has been approved by the Michigan electorate. Thirty million dollars is designated for local community facilities, including senior centers (61).

Although few states have established financial assistance programs, every state has organized continuing programs of technical assistance. Most of the programs were initiated after 1965 in response to Title III provisions of the Older Americans Act. This Act is explained in the following section. Technical assistance generally is provided through field representatives, statewide workshops and conferences, and publications. Besides offering technical assistance, some state agencies are effective legislative lobbyists.

Federal Assistance. The federal government provides financial

assistance for developing services for older people through the Older Americans Act. The Act makes funds available for operating needs, such as program planning, implementation, and training of special personnel. The funds may not be used for construction.

The Older American Act, approved in 1965, authorized grants totaling \$21 million for planning and maintaining programmed services for older people. Authorizations include: \$5 million for the fiscal year 1966, and \$8 million for each of the fiscal years 1967 and 1968 (62). In 1967 an amendment to the Act authorized grants totaling \$10.5 million for fiscal year 1968, and \$16 million for the fiscal year 1969 (63). A subsequent amendment in 1969 authorized grants totaling \$62 million for fiscal year 1970, \$85 million for fiscal year 1971, and \$100 million for fiscal year 1972 (64).

Title III of The Older Americans Act requires that a state agency administer the provisions of the Act within each state. The initiative for planning and developing services for the aged through the use of federal funds is placed with the state agency and local governments. The state agency must develop and submit a state plan for administering services for older people to the Secretary of the Department of Health, Education and Welfare. Upon approval of the plan, the state agency receives authorization to administer the provisions of the Act. Each state agency is granted funds roughly in proportion to the state's share of the total number of U. S. citizens age 65 and over.

The basic purpose of the 1967 and 1969 amendments to the Older Americans Act is to strengthen state agencies. The amendments permit the states to use additional funds to administer and supervise the state

plan. Under the original Act states were authorized to use 10 percent or \$15,000 from their allotments, whichever was larger, to pay one half of the costs of administering the plan. The 1967 amendment increased the maximum grant for purposes of administration to 10 percent or \$25,000 of the state's allotment (65). The 1969 amendment separated allotments for administration from allotments for project costs. Furthermore, the amendment authorized a total of \$5 million per year for the years 1970 through 1972 for purposes of administration. These funds may pay up to 75 percent of agency administration costs (66).

Terms of the Act encourage the use of local funds to finance programs as they mature. Under Title III provisions of the Act, states may award up to 75 percent of a project's cost during its first year, 60 percent during its second year, and 50 percent during its third year. Within three years of the initial enactment, 346 senior centers received funds under Title III of the Act, and during the fiscal year 1968, approximately 225,000 persons participated in the center programs (67).

Under Title IV provisions of the Act federal funds are granted directly to public and non-profit agencies, including senior centers. The purpose of Title IV is to encourage research, development, and demonstration of new and more effective services for older people. During 1968-1969, Title IV funding activities are focusing on the development and demonstration of comprehensive coordinated community services for older persons, with particular emphasis on projects located in the target areas of Model Cities (68). These activities should have a significant implication on the development of future senior center services.

Finally, under Title V of the Act federal funds are granted for

both career and short-term training in planning, administration, and program supervision for personnel of senior centers. During the academic year 1969-70, fifteen colleges and universities have received grants for carrying out the purpose of this Act (69).

The Older Americans Act has significantly contributed to (a) the development of state agencies which plan for the development of services for older people; (b) the planning of innovative programs to satisfy unmet needs of older people; and (c) the training of qualified personnel to provide services to the aging. Every state and territorial possession of the U. S. has participated in the program. Every state now has a state plan for administering service to the aged. However, prior to the Act few states had a state operating agency to plan for older people. The availability of federal grants has encouraged the development of new services for the aging including information and referral services, employment services, meals, home-health aides, foster home care, health screening, adult education, and volunteer services.

Other Sources

Gifts, membership fees, and fund raising activities are significant sources of revenue for senior centers.

Gifts include cash contributions as well as gifts in kind. The most substantial sources of cash contributions are community service funds such as the United Fund and the Community Chest. Cash contributions from community service funds amount to 90 percent of the total income received by some centers. Centers in Minneapolis (Minnesota), Detroit (Michigan), Indianapolis (Indiana), and Chicago (Illinois) receive substantial support from community service funds.

Gifts in kind are frequently overlooked as a source of revenue. Goods and services often donated to senior centers as gifts in kind include labor, professional services, building space, and equipment. Centers receiving federal grants under agreement to supply matching funds are generally able to include in-kind contributions as part of their local matching funds (70). Centers in Inkster (Michigan) and Lima (Ohio) have realized considerable local support from in-kind contributions.

Membership fees generally are not a significant source of center revenue. Most centers keep their membership fees below two dollars in order not to create financial barriers to low income persons. However, a few private non-profit centers charge fees upwards to \$45 annually (71).

Although membership fees generally are a minimal source of income, membership fund raising activities provide many private non-profit centers with considerable income. Fund raising activities include special events such as bazaars or fairs, together with sales promotions. Many centers operate a shop at which hand made gift items are sold on consignment. Centers in Keene (Massachusetts), Pasadena (California), and Menlo Park (California) are largely supported by membership fund raising activities.

CHAPTER V

CENTER LOCATION AND BUILDING PLANS

The senior center building is important primarily because it provides sheltered space designed to accommodate the center program. The location as well as the design of the building should be directed by the objectives of the center program. This chapter describes factors to be considered in evaluating alternative center locations and building plans and reviews the role of the planner in planning senior centers.

Evaluating Center Locations

Location is the most important factor in selecting a building in which to operate a center program. Service areas must be delineated and analyzed to determine feasible geographic areas for locating a site. Sites should be selected on the basis of accessibility to users, accessibility to public transportation, compatibility of surrounding land uses, and site availability.

Service Area Delineation

In locating senior centers, the first step is to delineate service areas in order to determine areas having sufficient concentrations of older people to justify further analysis. The planner should assist by providing data concerning the distribution of older people within the community. For analytical purposes the service areas should have a radius of approximately two miles (72). A recent study found that approximately 30 percent of the older people residing within the service area can be

expected to participate in the center program (73).

After the potential service areas have been identified, they should be analyzed further to determine relative needs for center services. This analysis should consider the number of older families with incomes below \$3,000 per year (or older individuals with incomes below \$1,500 per year). Also, the number of older people in each service area whose social needs are not satisfied by existing community service agencies should be determined. This analysis provides a basis for estimating the relative needs of older residents within each service area for senior center services.

Public Transportation

In selecting specific center sites other location requirements besides accessibility to potential users should be considered. Senior centers should have access to public transportation since the mobility of older people is generally limited. Even where transit service exists, fares are often prohibitive. Efforts are underway to alleviate transportation problems. The federal government provides funds for transportation research projects under Title IV of the Older Americans Act. Furthermore, transit systems in 50 cities already have been persuaded to reduce fares for senior citizens (74).

Provision of accessible low cost transportation, despite recent improvements, remains a severe problem. The problem is greatest in rural and other sparsely populated areas such as Albuquerque (New Mexico) and Laurium (Michigan). These areas do not contain enough potential users to operate a low cost, self-supporting transit system. In the future the federal government should consider subsidizing transit service designed to aid people with limited mobility.

Compatibility

Land uses surrounding alternative center sites should be examined for compatibility with center objectives. Compatible uses are those which supplement the center program and do not contribute to congestion and environmental pollution.

Compatible uses which supplement the center program include parks, housing for the elderly, libraries, and health care facilities. Convenience shopping facilities, such as grocery stores, drug stores, variety stores, and specialty shops, are also included. These uses provide services and activities which complement the senior center program. For example, the center in Pueblo (Colorado) is ideally located within a housing complex for lower income elderly in a rehabilitated area of the central business district. A nearby public park provides sufficient open space for casual strolls. Similarly, nearby commercial services provide center members with accessible shopping facilities (75).

Centers should avoid locating near industrial or commercial uses which generate considerable noise, noxious odors, or congestion. Likewise, centers should avoid sites surrounded by excessively tall buildings which block out light and air.

Site Availability

The availability of senior center sites is a significant factor in locating areas for center buildings. Sites are seldom purchased by the senior center since they are too costly. Instead, most centers rent low cost building space on available sites that are accessible and in a compatible environment. Often only a few sites are available and the final selection becomes a process of elimination.

Many centers have chosen to locate the center program in multi-generational community service centers. In these service centers, certain portions of the facility are used exclusively for programs for the elderly, while other areas of the building are shared by other service oriented agencies. By location of the senior center program in a multigenerational community service center building, functional advantages as well as savings in rental costs are sometimes realized. Multigenerational centers are used in Cambridge (Massachusetts), Hackensack (New Jersey), and Atlantic City (New Jersey).

Often sites for senior centers are located in urban renewal areas. These sites are generally located where there is a maximum need for senior center services. Studies undertaken in Pueblo (Colorado), Cambridge (Massachusetts), and Philadelphia (Pennsylvania) support this conclusion.

Evaluating Center Building

Space requirements, design, and building costs are major considerations in evaluating center buildings.

Space Requirements

Space requirements of senior centers are closely related to the size of center membership and the services and activities offered. Therefore, space requirements vary considerably among centers (Table 1). A typical center operates a program in 1,500 to 3,000 square feet of space (76). However, the more highly developed centers in Menlo Park (California), Columbus (Ohio), Nassau County (New York), Milwaukee (Wisconsin), and Nashville (Tennessee) contain more than 15,000 square feet. The tables contained in Appendix B provide recommended standards for building

space. These standards consider both functional needs for space and membership size.

Table 1. Estimated Area of Center Buildings

Number of Square Feet	Number of Centers	Percent of Centers
Less than 300	30	3.6
300-599	48	5.8
600-999	73	8.8
1,000-1,499	120	14.5
1,500-2,999	192	23.2
3,000-4,999	145	17.5
5,000-9,999	112	13.5
Over 10,000	<u>109</u>	<u>13.1</u>
Total	829	100.0

Source: Anderson, Nancy N. Senior Centers: Information from a National Survey. Minneapolis: American Rehabilitation Foundation, 1969, p.26.

Senior center buildings were evaluated in a national survey funded by the Department of Health, Education, and Welfare. Thirty-eight percent of the responding centers replied that their buildings had insufficient floor area (77). Additional facilities for arts and crafts classes as well as storage space are most urgently needed (78). Table 2 presents a summary of the survey results.

Table 2. Center Buildings Space Needs

Space Needs	Number of Centers--(1002)*	Percent of Centers
Storage Space	457	45.7
Arts and Crafts	443	44.3
Multi-purpose Room	369	36.9
Small Meeting Rooms	354	35.4
Kitchen Space	341	34.1
Parking Area	329	32.9
Office Space	324	32.4
Lounge	313	31.3
Elevators or Ramps	179	17.9
Health Room	142	14.2

* Respondents could designate more than one space need.

Source: Anderson, Nancy N. Senior Centers: Information from National Survey. Minneapolis: American Rehabilitation Foundation, 1969, p. 26.

Design

An architect experienced in designing senior centers is most competent to assist in evaluating design aspects of center buildings. A committee of architects and center program specialists developed the following principles to be used as guides in evaluating the adequacy of center buildings:

1. The center building should provide a feeling of security, warmth, and dignity, as well as stimulation.
2. The layout should encourage and stimulate people to move from the lounges into activity rooms.

3. Spatial areas should be planned to enhance social relationships.
4. Facilities must allow for orderly movement of large crowds with the least possible confusion and disorder.
5. Stairs should be avoided where possible in order that the center may be used by persons with physical impairments. Ramps or short flights with wide steps and a comfortable rise should be used when stairs are unavoidable.
6. Ventilation, heating and cooling systems should be developed so that drafts and marked changes in temperature are avoided.
7. Special safety considerations are needed to compensate for persons who do not respond quickly to danger signals.
8. The center should be centrally located close to other community facilities, available to the maximum number of older persons, and with convenient public transit. Although centrally located the building should be protected to provide some element of privacy.
9. Special attention should be given to both color and shade tones since declining eyesight affects color perception, and color influences mood tone.
10. Air conditioning should be determined according to local climatic conditions, costs, programming, and needs of membership (79).

These principles should be used selectively and adapted according to specific local conditions.

Building Costs

In evaluating center buildings the cost factor is especially significant since most centers have insufficient financial resources. Most senior centers rent building space to meet their program needs. By renting facilities, center management reduces its initial investment. Consequently, financial resources can be used for services and staff. A sample survey undertaken for this study revealed that yearly rents among 20 centers averaged approximately \$2,300.

Further research is necessary to obtain data concerning average land and construction costs. This research effort could supply further evidence of the need for state or federal government subsidies to finance site acquisition and new center construction.

Role of the Planner

The local planner has a significant role in developing senior centers. In the initial planning stages he can furnish assistance in evaluating community needs for center services. This evaluation includes analyzing relevant background information concerning general population characteristics and social needs of older people within the community. The planner can also undertake special studies beyond the staff capabilities of the center staff, such as an inventory and evaluation of existing community services designed for older people.

The planner is well qualified to act as liaison with the center management, local public officials, and other community service agencies. As part of his liaison role the planner should recommend an administrative structure which permits the center program to be integrated effectively with other community services. He should help formulate center policy and develop alternative methods for organizing and financing senior centers. These tasks require understanding of the problems and issues related to the administration and financing of senior centers and a familiarity with legal provisions affecting senior centers.

The planner should help locate sites for senior centers and evaluate building plans. He is in a unique position to interpret trends in community development and to suggest available sites which are accessible

to potential users as well as to public transit. Likewise the planner can evaluate building plans on the basis of space requirements, design, costs, and conformance to overall community development policies and plans.

Development of a senior center program is primarily the responsibility of the center director. However, if the director and the planner work together, they can develop more effective center programs with better services and facilities. The guidelines included in this report should assist both the director and the planner in developing senior center programs that are not only effective in meeting the needs of senior citizens but will also represent a valuable asset to the total community.

APPENDIX A

QUESTIONNAIRE

2011 Richard Jones Road #K-1
Nashville, Tennessee 37215
October 6, 1969

Dear Center Director:

I am a city planning graduate student presently writing a thesis entitled "Planning for Senior Citizen Centers." The thesis concerns the center program, its administration and financing, and housing the center program.

Answers to the following questions will greatly aid my research effort. The questions may be answered in the spaces provided and mailed in the enclosed self-addressed envelope. However, any further comments you may have can be written on the reverse side of the questionnaire.

Your time and patience is greatly appreciated.

Sincerely yours,

Lester L. Solin, Jr. //

POLICY MAKING STRUCTURE

1. What is the overall function of the (name of sponsoring agency) _ _ _ with relation to your center program?

2. Does the above named body formulate policy for the center?
If not who does?

3. Please explain how the policy making body is selected.

PROGRAM SERVICES AND ACTIVITIES

4. Does your center program offer the following services and activities?

Individual Services

Casework Service	_____yes	_____no
Information and Referral	_____yes	_____no
Health Services	_____yes	_____no

Group Services and Activities

Recreation and Social Activities	_____yes	_____no
Education Classes	_____yes	_____no
Community Services	_____yes	_____no
Meals	_____yes	_____no
Other, please specify.		

5. Is your center program especially oriented to any particular area of program service or activity (for example: recreation, health care, consultative services, adult education, etc.)?
6. What special activities are undertaken to expand services beyond the confines of the center building (for example: meals on wheels, branch programs, etc.)?
7. Please include a schedule of program services and activities, if available.

CENTER PERSONNEL

8. Which of the following center personnel help carry out your center program?

<u>position</u>	<u>number</u>	<u>full time</u>	<u>part time</u>
a. Executive Director	_____	()	()
b. Program Director	_____	()	()
c. Caseworker	_____	()	()
d. Doctor	_____	()	()
e. Nurse	_____	()	()

8. continued

<u>position:</u>	<u>number</u>	<u>full time</u>	<u>part time</u>
f. Crafts Specialist	_____	()	()
g. Dietitian	_____	()	()
h. Clerical Workers	_____	()	()
i. Maintenance Workers	_____	()	()
j. Other, please specify.	_____	()	()

9. Does the center share the use of any of its staff or borrow staff assistance from any other community service agencies (please explain the working agreements where appropriate)?

10. How do volunteers assist in carrying out the center program?

11. Does anyone other than paid center employees participate in the maintenance of the center facility? If so, please explain the working agreement.

12. Please enclose a chart illustrating the administrative structure of your center, if available.

CENTER LOCATION AND STRUCTURE

13. Where is your senior center located and what amenities enhance the site (for example, inner city location near public transit or location in high density residential area near a public park)?

14. In what type of physical structure is the center program located (i.e., converted house, health center, old school, multipurpose senior center, multigenerational neighborhood, etc.)?
15. List particular advantages and disadvantages of the site location of the center (in terms of accessibility to users, accessibility to public transportation, compatibility with other land uses nearby, space requirements, etc.).
16. What special considerations entered into the determination of your present location? Was any type of special location study undertaken?

FINANCING CENTER PROGRAM AND FACILITY

17. If possible, please enclose a copy of your operating budget.
18. What is the total operating budget of your center? \$ _____
19. What are the principal sources of income (please list approximate percentage of total income next to each source)?

<u>Source of Income</u>	<u>Approx. % of Total Income</u>
United Fund, Community Chest, etc.	_____
State Funds	_____
Federal Funds	_____
Local Appropriations	_____
Membership Fees and Fund-raising Activities	_____
Others, please specify	_____

20. What was the cost of your center facility or if you rent what is the yearly rent?
 Cost \$ _____ or Rent \$ _____
21. What assistance in a form other than monetary funds does your center receive (i.e., rent free facilities, staff time of nurse, caseworker, income maintenance counselor)? Please list source of such aid.

APPENDIX B

RECOMMENDED SPACE REQUIREMENTS FOR SENIOR CENTERS---500 MEMBERS

Type of Activity	Desirable Net Square Footage
Reception and Lounge Area	
Entry and Reception	375
Quiet Lounge and Library	1,400
Noisy Lounge	2,625
Assembly and Dining Area	
Auditorium/Dining Hall	1,750
Kitchen and Storage	300
Activities Area	
Meeting and Classrooms	2,500 (4 @ 625)
Arts and Crafts Rooms	
Painting, Ceramics, Needlework, etc.	500
Work Shop	600
Storage	250
Photography Dark Room	80
First Aid Room	100
Administrative Offices	
Executive Director	130
Program Director	100
General Staff	200 (2 @ 100)
Private Consultation	200 (2 @ 100)
General Purpose Office	150
Staff Lounge	250
Service Area	
Rest Rooms	600
General Storage	550
Total Net Floor Space	12,660
Add 20% for Walls and Circulation	<u>2,522</u>
Total Building Area	15,182
Parking (40 cars and pickup area)	10,000

Source: Maxwell, Jean M. Centers For Older People. New York: National Council on Aging, 1962, p. 116.

250-300 MEMBERS

Type of Activity	Desirable Net Square Footage
Reception and Lounge Area	
Entry and Reception	300
Quiet Lounge and Library	1,000
Noisy Lounge	2,500
Assembly and Dining Area	
Auditorium/Dining Area	1,000
Kitchen and Storage	125
Activities Area	
Meeting and Classrooms	1,250 (2 @ 625)
Arts and Crafts Rooms	
Painting, Ceramics, Needlework, and	
Work Shop	600
Storage	125
Photography Dark Room	80
First Aid Room	100
Administrative Offices	
Executive Director	130
Program Director	100
General Staff	200 (2 @ 100)
Private Consultation	150
General Purpose Office	150
Staff Lounge	175
Service Area	
Rest Rooms	350
General Storage	<u>300</u>
Total Net Floor Space	8,735
Add 20% for Walls and Circulation	<u>1,747</u>
Total Building Area	10,482
Parking (20 cars and pickup area)	5,000

Source: Maxwell, Jean M. Centers For Older People. New York: National Council on Aging, 1962, p. 115.

125-200 MEMBERS

Type of Activity	Desirable Net Square Footage
Reception and Lounge Area	
Entry and Reception	250
Quiet Lounge and Library	750
Assembly and Dining Area	
Auditorium/Dining Hall/Noisy Lounge	1,000
Kitchen and Storage	125
Activities Area	
Meeting and Classroom	625
Arts and Crafts Rooms	
Painting, Ceramics, Needlework, and	
Work Shop	600
Storage	100
Photography Dark Room	80
First Aid Room	100
Administrative Offices	
Executive Director	130
Program Director	100
General Staff	200 (2 @ 100)
General Purpose Office	150
Staff Lounge	150
Service Area	
Rest Rooms	300
General Storage	<u>250</u>
Total Net Floor Space	4,910
Add 20% for Walls and Circulation	<u>980</u>
Total Building Area	5,890
Parking (15 cars and pickup area)	3,750

Source: Maxwell, Jean M. Centers For Older People. New York: National Council on Aging, 1962, p. 114.

65-100 MEMBERS

Type of Activity	Desirable Net Square Footage
Lounge-Assembly-Dining Area	600
Multifunction Activities Area	
Meeting and Classroom Activity (Subdivide to meet program requirements)	500
Photography Dark Room	80
First Aid Room	100
Administrative Offices	
Executive Director	130
General Staff	150
Staff Lounge	150
Service Area	
Rest Rooms	200
General Storage	300
Total Net Floor Space	2,210
Add 20% for Walls and Circulation	440
Total Building Area	2,650
Parking (40 cars and pickup area)	2,500

Source: Maxwell, Jean M. Centers For Older People. New York: National Council on Aging, 1962, p. 116.

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